

Training Pharmacists as Family Planning Providers

Unmet need for family planning is high in Benin, where the average woman bears six children and only 3% of married women aged 15 to 49 use modern contraception (Population Reference Bureau, 2001). A collaborative venture of the PRIME Project and Population Services International (PSI) shows that private-sector pharmacies can be effective in providing quality family planning counseling and services.

Social Marketing of Contraceptives

PSI has been working in Benin since 1990 to introduce a variety of health products using social marketing plans. In 1998, they requested PRIME's assistance to develop and implement a training strategy so that private-sector pharmacies could responsibly sell *Harmonie*, a low-dose contraceptive pill. Working through the pharmacies presented some challenges. In Benin, "pharmacists" are businessmen who open and close their shops but do not always provide services themselves. Instead, their agents (or clerks) dispense pharmaceuticals, often without a prescription even though it is illegal to do so. Typically, these agents have an 8th grade education and no formal training in pharmacy.

Self-Study and Classroom Training

Obtaining buy-in from the pharmacists became the essential first step in achieving PSI's goal of responsibly selling 15,000 packets of *Harmonie* in a year. Benin's 124 private-sector pharmacists were approached through their professional association and 80 agreed to attend a one-day orientation to PRIME/PSI's Pharmacy Training Strategy and Objectives. After that session, 47 of the pharmacists decided to allow agents from their pharmacies to participate in the program; 80 agents were trained between April and June of 1998.

Responding to the pharmacists' concerns about pulling the agents away from their pharmacies for instruction, PRIME's training design incorporated self-study elements as a prelude to three half-day classroom sessions. The self-study materials included take-home guides with readings and short exercises, while the classroom sessions emphasized acquisition of skills.

Improvements in Service Quality

In December 1998, PRIME conducted a follow-up study of the program in the departments of Atlantique and Oueme, which include the cities of Porto-Novo and Cotonou. Using a combination of interviews and visits by "mystery clients,"



PRIME II in Action: Benin Country Program

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PRIME II Regional Office for West,
Central and North Africa
BP 5328
Dakar-Fann, Senegal
Tel: 221-864-0548
Fax: 221-864-0816
Email: intrahdk@inf247.sn

PRIME II Country Office for Benin
I BP 5924
Cotonou, Benin
Tel: 229-30-89-67
Fax: 229-30-89-68
Email: prime2.intrah@intnet.bj

PRIME II

Intrah School of Medicine
University of North Carolina
1700 Airport Road, Suite 300 CB 8100
Chapel Hill, North Carolina 27599-8100
Tel: 919-966-5636 Fax: 919-966-6816
intrah@intrah.org www.prime2.org

PRIME measured family planning service quality criteria at 62 pharmacies, 42 of which had participated in training. The study focused on the ability of agents to counsel new clients for family planning according to a series of required steps and adhere to a set of ten clients' rights, including access, privacy, safety, confidentiality, and choice. In addition, PRIME sought to determine whether exposure to agents who had been trained had improved the counseling performance of co-workers who had not received training.

The follow-up study showed that the trained agents were delivering higher quality family planning services than their counterparts at pharmacies that had not participated in training. The evaluation also indicated that the trained agents were positively affecting the performance of their untrained co-workers through sharing information or modeling behaviors acquired during training. Trained agents scored 67% in counseling and 61% in adherence to clients' rights; their untrained co-workers tallied 58% and 55% in the two categories, while untrained agents at non-participating pharmacies scored 39% and 37%, respectively.

Training of additional pharmacy personnel and updates for agents already trained continued in 1999, and another follow-up conducted in November demonstrated again that trained agents were performing better than their non-trained counterparts. After revising the self-study training materials in December 1999, PRIME worked with PSI trainers to update their skills. Most recently, PSI asked PRIME II to assist with a December 2001 evaluation of the program. According to PSI, more than 190,000 cycles of *Harmonie* have been sold in Benin since the product was first marketed in April 1998.

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